

**Instructions
For
Birth Certificate Applications via Mail**

All persons born in Hamilton County after 1882 have written birth and death certificates on file with the Health Department. These records are legal copies, which can be used for all requests, including school registration. If you need a copy of these documents, please contact the Health Department office at your earliest convenience. Requests for these records are heavy during mid to late August. To obtain a copy of a birth certificate, please complete the following:

1. Complete Application
2. Must Enclose Copy of Photo ID (i.e. Drivers License)
3. Cash or Money Orders only – **No Personal Checks or Credit Cards**
Fee: \$10.00 copy of birth record
\$5.00 each additional copy of same record issued at same time.
4. Self Addressed Stamped Return Envelope

For records of death/birth outside of Hamilton County please contact the Indiana State Department of Health at www.in.gov/isdh

Mail Request to: Hamilton County Health Department
18030 Foundation Drive, Suite A
Noblesville, In 46060

Application for search & certified copy of **BIRTH RECORD**
WE HAVE HAMILTON COUNTY BIRTHS ONLY!!!
PLEASE COMPLETE ALL ITEMS BELOW

WARNING: False application to obtain or inspect, altering, mutilating, or counterfeiting Indiana Birth Certificates, or the use of such a certificate, is a criminal offense under IC 16-37-1-12. In accordance with Indiana Code 16-37-1-7, requests for birth certificates must include the information below. A permanent record of this request must be kept on file.

IDENTIFICATION IS REQUIRED IN ACCORDANCE WITH IC 16-37-1-8.

FULL NAME AT BIRTH _____

Name after any legal changes or Court Ordered Paternity: _____

Has this person been adopted? Yes _____ No _____

If so, give the name *AFTER* adoption: _____

HOW ARE YOU RELATED TO THE ABOVE PERSON? _____

DATE OF BIRTH _____ PLACE OF BIRTH (city) _____

FULL NAME OF FATHER _____ STATE OF BIRTH _____

IF ADOPTED, GIVE ADOPTIVE FATHER'S NAME _____

FULL **MAIDEN** NAME OF MOTHER _____ STATE OF BIRTH _____

IF ADOPTED, GIVE ADOPTIVE MOTHER'S NAME _____

WHY DO YOU NEED THIS RECORD? _____

HOW MANY COPIES? ____ WHAT SIZE DO YOU WANT? REGULAR ____ WALLET ____

YOUR SIGNATURE _____

ADDRESS _____ CITY/STATE _____ ZIP _____

PHONE # _____ TODAY'S DATE _____

IF ALL ITEMS ARE NOT COMPLETED THIS FORM WILL BE RETURNED TO YOU FOR COMPLETION.
CASH OR MONEY ORDER – NO PERSONAL CHECKS – NO BILLS OVER \$20.00

FOR OFFICE USE ONLY
BK. _____ PG. _____ CERT. _____ DATE ISSUED _____ BY: _____